

Principal e-mail:

## SECRETARY OF STATE

DEALER DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204

	Bond Number:
	Effective Date (month, day, year):
KNOW ALL BY THESE PRESENTS:	
THAT WE,	
(Name of licensee)	(Address of licensee)
(as Principal) and,	, a
	(Name and address of Surety)
unto the State of Indiana, in the sum of TW	usiness of suretyship in Indiana, (as Surety) are held and firmly bound ENTY-FIVE THOUSAND DOLLARS (\$25,000.00), the payment of bind ourselves, our heirs, executors, administrators and legal
THE CONDITION OF THE ABOVE OBLI	GATION IS AS FOLLOWS:
	tion to the Indiana Secretary of State for a license to engage in the <i>te box below)</i> under Indiana Code 9-23-2-1, and gives this bond
Automobile Auctioneer Distributor Factory Branch Transfer Dealer	Converter Manufacturer Distributor Branch Factory Representative Wholesale Dealer  Distributor Rep. Manufacturer Manufacturer Auto Mobility Dealer
assessed by the Indiana Secretary of State review, in addition to securing the payment 23-2 by the licensee after a judgment has	payment of fines, penalties, costs and fees relating to such license and after notice, opportunity for a hearing, and opportunity for judicial of damages to a person aggrieved by a violation of Indiana Code 9-been issued, providing, however, that no suit on this bond may be ond unless brought within two (2) years after the act upon which it is
under Indiana Code 9-23-2-1 or after givir certified mail, to the Indiana Secretary of S Room E-018 Indianapolis, IN 46204 and the of years this bond shall continue in force premiums which shall be payable or paid, the	s and may be canceled only upon the expiration of a license issued g THIRTY (30) days notice, in writing, delivered, via registered or tate, Attention Dealer Services Division, 302 W. Washington Street, e Principal at the address known to Surety. Regardless of the number the number of claims made against this bond, and the number of ne Surety's total limit of liability shall not be cumulative from year to ll the Surety's total liability for all claims exceed the amount set forth all not be cumulative.
PRINCIPAL:	SURETY:
By:	By:
(Signature of Principal)	(Signature of Surety) Surety Telephone:

Surety e-mail: